

MEDICAL EXAMINER'S REPORT	
TO: Confinement Officer	DATE
I HAVE THIS DATE EXAMINED THE PRISONER NAMED BELOW AND FIND THAT: HE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT MENTALLY AND PHYSICALLY QUALIFIED TO PERFORM HARD LABOR. HE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT FREE FROM COMMUNICABLE DISEASE.	
LAST NAME - FIRST NAME - MIDDLE INITIAL	SERVICE NUMBER / SSAN
REMARKS	
SIGNATURE OF MEDICAL OFFICER	